

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740709-544																			
<div>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</div> <div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</div> <div>Signature: _____</div> <div>Name: _____</div>	In re Application of Atsushi TENDO et al.																				
	Application Number 10/553,946		Filed 10/21/2005																		
	For SALT OF (2s,3s)-3[[1-1-ISOBUTOXYMETHYL-3-METHYLBUTYL]CARBAMOYL]OXIRANE-2-CARBOXYLIC ACID																				
	Group Art Unit 1625		Examiner David E. GALLIS																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td><td>\$1,050.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table><tr><td><u>/Jeffrey N. Townes, Reg. No. 47,142/</u></td><td><u>March 27, 2008</u></td></tr><tr><td>Signature</td><td>Date</td></tr><tr><td><u>Jeffrey N. Townes</u></td><td><u>(202) 585-8000</u></td></tr><tr><td>Typed or printed name</td><td>Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)	\$1,050.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)	\$ _____	<u>/Jeffrey N. Townes, Reg. No. 47,142/</u>	<u>March 27, 2008</u>	Signature	Date	<u>Jeffrey N. Townes</u>	<u>(202) 585-8000</u>	Typed or printed name	Telephone Number
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<input type="checkbox"/> Total of _____ forms are submitted.																					

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